

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032709

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

167

Primary Registration District No.

4256

Registrar's No.

41

STATE FILE NUMBER

FILED AUG 26 1963

VS 300
Rev. 4/59

10570

20510

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Holden		Length of stay in 1b 2 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Moreland Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle Joseph Last Halphin		4. DATE OF DEATH Month August Day 12 Year 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH August 10, 1963
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY none	
11a. FATHER'S NAME Jimmy Allen Halphin		11b. MOTHER'S MAIDEN NAME Ethel Barker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no XXXX		16. SOCIAL SECURITY NO. [redacted]	
17. INFORMANT Jimmy Halphin, Holden, Missouri		Address [redacted]	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hyaline membrane disease</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Prematurity</i> DUE TO (c) <i>maternal blood dyscrasia</i>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from [redacted] to 8-12-63 and last saw her alive on 8-12-63 Death occurred at [redacted] m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) M.D. 22b. ADDRESS Holden, Missouri 22c. DATE SIGNED 8/14/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE August 15, 1963	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem.	23d. LOCATION (City, town, or county) (State) Oak Grove, Missouri
24. FUNERAL DIRECTOR Canaday and Ropp, Holden, Mo.		25. DATE RECD. BY LOCAL REG. 8-16-63 26. REGISTRAR'S SIGNATURE Bernice Ross	

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed M. J. Canaday

Licensed Embalmer No. 3434

P. O. Address Holden, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license):

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.